

## REQUISITION FOR LABORATORY SPECIMEN KITS

For questions, please call (573) 751-4830 or refer to the internet at [www.dhss.mo.gov/Lab](http://www.dhss.mo.gov/Lab).

Each kit consists of a Specimen Container, Properly Addressed Mailing Label, Test Request Form, and List of Contents.

NEWBORN SCREENING		IMMUNOLOGY	
<input type="checkbox"/>	Filter Paper - Initial Form	<input type="checkbox"/>	<b>*YOU MUST BE AN APPROVED SITE</b>
<input type="checkbox"/>	Filter Paper - Repeat Form	<input type="checkbox"/>	*Swabs Collection Devices (Gonorrhea/Chlamydia)
<input type="checkbox"/>	Envelopes <input type="checkbox"/> Courier <input type="checkbox"/> Prepaid	<input type="checkbox"/>	*Urine Collection Devices (Gonorrhea/Chlamydia)
<input type="checkbox"/>	Listing Pads	<input type="checkbox"/>	*Gonorrhea/Chlamydia Mailer [1 s        ] [4 s        ] [16 s        ]
<input type="checkbox"/>	Labels	<input type="checkbox"/>	* <input type="checkbox"/> Gonorrhea/Chlamydia Prepaid Envelope
<input type="checkbox"/>	Sickle Cell Microcontainer (Finger/Heel Stick) (CHILD)	<input type="checkbox"/>	<b>*Syphilis and/or HIV Antibody now use the same kit.</b>
<input type="checkbox"/>	Sickle Cell Venous Blood (ADULT)	<input type="checkbox"/>	Syphilis (RPR) and/or HIV Antibody Kit
<input type="checkbox"/>		<input type="checkbox"/>	[1 s        ] [4 s        ] [16 s        ]
<input type="checkbox"/>		<input type="checkbox"/>	*HIV Orasure Mailer Only [1 s        ] [4 s        ]
MICROBIOLOGY		VIROLOGY	
<input type="checkbox"/>	Enteric Kit (For Feces) <input type="checkbox"/> Cary Blair Media Only	<input type="checkbox"/>	Virus Isolation Kit
<input type="checkbox"/>	Enteric Kit Double Wall Mailing Containers (For Culture)	<input type="checkbox"/>	Virus Isolation Kit - Rash Kit (Monkey Pox, Vaccinia)
<input type="checkbox"/>	<input type="checkbox"/> Misc. Form <input type="checkbox"/> Enteric Form	<input type="checkbox"/>	Virus Isolation Kit - Seasonal Influenza Surveillance Kit
<input type="checkbox"/>	Scabies Kit	<input type="checkbox"/>	Virus Isolation Kit - Respiratory (Avian Flu)
<input type="checkbox"/>	Bordetella Pertussis Complete Kit (Whooping Cough)	<input type="checkbox"/>	Virus Isolation Kit - Mumps
<input type="checkbox"/>	Bordetella Pertussis (Whooping Cough) Components ONLY	<input type="checkbox"/>	Hepatitis Screening Kit [1 s        ] [4 s        ]
<input type="checkbox"/>	<input type="checkbox"/> Media <input type="checkbox"/> Saline <input type="checkbox"/> Media & Saline	<input type="checkbox"/>	Viral Serology Kit
<input type="checkbox"/>	Intestinal Parasites Kit	<input type="checkbox"/>	(Measles, Rubella, Arbovirus, Rickettsial, West Nile)
<input type="checkbox"/>		<input type="checkbox"/>	
CHEMISTRY		ENVIRONMENTAL	
<input type="checkbox"/>	Blood Lead - Complete Capillary Kit	<input type="checkbox"/>	Drinking Water Kit (For Bacteria) - Private
<input type="checkbox"/>	Blood Lead - Capillary Kit Individual Components	<input type="checkbox"/>	<input type="checkbox"/> Complete Kit <input type="checkbox"/> Forms Only
<input type="checkbox"/>	<input type="checkbox"/> Device <input type="checkbox"/> Sticker <input type="checkbox"/> Form <input type="checkbox"/> Mailer	<input type="checkbox"/>	Drinking Water - Official (Forms Only)
<input type="checkbox"/>	Blood Lead - Venous Kit	<input type="checkbox"/>	Recreational Water Kit
<input type="checkbox"/>	Lead Testing <input type="checkbox"/> Dust Wipes <input type="checkbox"/> Soil Kit <input type="checkbox"/> Paint Kit	<input type="checkbox"/>	
<input type="checkbox"/>	Cubitainers (For Water Collection)	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<b>TUBERCULOSIS</b>
<input type="checkbox"/>		<input type="checkbox"/>	AFB for Clinical Specimens (Category B mailer)
<input type="checkbox"/>		<input type="checkbox"/>	AFB Reference Culture (Category A mailer)
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
CONTACT NAME		TELEPHONE NUMBER	LAB USE ONLY
FACILITY NAME			
ADDRESS (STREET, CITY, ZIP) [STREET ADDRESS REQUIRED FOR UPS DELIVERY]			
			DATE ORDER RECEIVED
			DATE ORDER SHIPPED